

MULTIPLE DEPENDENT CLAIM
FEE CALCULATION SHEET
(FOR USE WITH FORM PTO-875)

SERIAL NO.

APPLICANT(S)

FILING DATE

CLAIMS

	AS FILED		AFTER 1 ST AMENDMENT		AFTER 2 ND AMENDMENT			AS FILED		AFTER 1 ST AMENDMENT		AFTER 2 ND AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.		IND.	DEP.	IND.	DEP.	IND.	DEP.
	1		1					51					
2	1		1				52						
3	2		1				53						
4	2		1				54						
5	2		1				55						
6	3		1				56						
7	1		1				57						
8	1		1				58						
9	2		1				59						
10	2		1				60						
11	2		1				61						
12			1				62						
13			1				63						
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43							93						
44							94						
45							95						
46							96						
47							97						
48							98						
49							99						
50							100						
TOTAL IND.	13		3										
TOTAL DEP.	12		16										
TOTAL CLAIMS	15		19										